

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

**8479**  
Do not use this space.

**1. PLACE OF DEATH**

(a) County Vernon Registration District No. 875  
(b) Township Washington Primary Registration District No. 616.2  
(c) City Alameda (d) Street No. State Hospital #3 Registered No. 34  
(e) Length of residence in city or town where death occurred 36 yrs. 9 mos. 10 ds. (If death occurred in Hospital or Institution, write its name instead of street and number)  
(f) How long in U.S., if of foreign birth? — yrs. — mos. — ds.

**2. PRINT FULL NAME**

(a) Residence, No. 572 Carrie Lo 3 Shimfessel St. Nebraska  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Unknown

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Walter Reece Shimfessel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 26, 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
65 11 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as saw mill, bank, etc. —  
10. Date deceased last worked at this occupation (month and year) ? 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pink Hill, Mo.

FATHER 13. NAME Mark Lindsay Hall

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Powell County, Ky.

MOTHER 15. MAIDEN NAME Fannie Stewart

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Powell County, Ky.

17. INFORMANT (ADDRESS) Records, State Hosp #3, Nevada

18. BURIAL, CREMATION, OR REMOVAL PLACE Indep. Mo. DATE 2-18-40

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Allen V. Hays Indep. Mo.

20. FILED Feb 8 1940 Allen V. Hays Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 7, 1940

22. I HEREBY CERTIFY, That I attended deceased from F. Feb. 7, 1940 to Feb. 7, 1940

I last saw him alive on Feb. 7, 1940 Death is said to have occurred on the date stated above, at 11:30 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Antrum, Lt Date of onset ?

Other contributory causes of importance: 53

Name of operation Date of No

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Russ H. Toller M. D.

(Address) Nevada, Mo.

RECEIVED  
District Health Officer No. 7.  
District File Number 3-40-345  
Date Filed 3-4-40

---

---

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**